DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445458	A. BUILDING _____ B. WING _____	10/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUR OAKS HEALTH CARE CENTER	1101 PERSIMMON RIDGE RD JONESBOROUGH, TN 37659

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Amended 2567 on 12/4/17 to reflect the addition of F323 and F280. A recertification survey and complaint investigation (#42025) was conducted on 10/2/17 through 10/4/17, at Four Oaks Health Care Center. Deficiencies were cited under 42 CFR Part 483, Requirements for Long Term Care Facilities.	F 000	F280 1. Resident #62 care plan was individualized for transfers on 7/29/17 for a 2 person assist with all transfers by the charge nurse. Resident's care plan was updated on return from hospital on 7/30/17 for 3 person assist with mechanical lift for all transfers by Director of Nursing. On 11/2/17 resident #62 care plan was updated for 2 person assist with mechanical lift with transfers as an individualized intervention for transfer according to the resident's Minimal Data Sheet. 2. Current resident's care plans were audited for individualized interventions of their functional status with transfers according to the resident's current Minimal Data Sheets (MDS) by MDS coordinator, Director of Nursing, and Assistant Director of Nursing by 12/8/17. 3. The MDS coordinators were educated by the Director of Nursing on 12/6/17 related to developing individualized care plans based on Minimum Data Set (MDS) for functional status with transfers. The Director of Nursing will educate new hire licensed staff on developing	12/12/17
F 280 SS=D	RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP CFR(s): 483.10(c)(2)(i-ii,iv,v)(3),483.21(b)(2) 483.10 (c)(2) The right to participate in the development and implementation of his or her person-centered plan of care, including but not limited to: (i) The right to participate in the planning process, including the right to identify individuals or roles to be included in the planning process, the right to request meetings and the right to request revisions to the person-centered plan of care. (ii) The right to participate in establishing the expected goals and outcomes of care, the type, amount, frequency, and duration of care, and any other factors related to the effectiveness of the plan of care. (iv) The right to receive the services and/or items included in the plan of care. (v) The right to see the care plan, including the right to sign after significant changes to the plan of care.	F 280		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	10/20/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

12-11-17

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F 280	Continued From page 1 (c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must-- (i) Facilitate the inclusion of the resident and/or resident representative. (ii) Include an assessment of the resident's strengths and needs. (iii) Incorporate the resident's personal and cultural preferences in developing goals of care. 483.21 (b) Comprehensive Care Plans (2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's	F 280	individualized care plans for functional transfers. 4. Residents newly admitted, due a quarterly, annual, or significant change assessment will be audited for individualized interventions of their functional status with transfers according to their Minimal Data Sheets (MDS) by the MDS coordinator, Director of Nursing, and the Assistant Director of Nursing weekly for 4 weeks, and then 2 more months for 100% compliance to ensure the care plan is individualized according to their Minimal Data Sheet (MDS). The results of the audits will be presented monthly by the Director of Nursing to the Quality Assurance/ Performance Improvement Committee consisting of: the Administrator, Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, Medical Director, MDS Coordinators, Admissions Director, Medical Records, Housekeeping Director, Human Resource Director, Director of Rehab, Food Services Director, and Activity Director for recommendations for a minimal of 100% compliance for 3 consecutive months then randomly thereafter for ongoing surveillance.	

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F 280	Continued From page 2	F 280		

medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.

(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.

(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.
This REQUIREMENT is not met as evidenced by:
Based on medical record review and interview, the facility failed to develop an individualized plan of care to identify required assistance for the transfer needs of 1 resident (#62) of 3 residents reviewed for accidents.

The findings included:

Medical record review revealed Resident #62 was admitted to the facility on 11/12/12, and readmitted on 7/30/17 with diagnosis including Vascular Dementia with Behavioral Disturbance, Chronic Ischemic Heart Disease, Essential Hypertension, Depressive Disorder, Other Disorder of Bone Density and Structure, unspecified, and Osteoporosis with Current Pathological Fracture.

Medical record review of the quarterly Minimum Data Set (MDS), dated 6/9/17, revealed a Brief Interview of Mental Status (BIMS) of 3 (indicating severe cognitive impairment). Continued review revealed Resident #62 had been assessed for functional status with transfers (how the resident

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F 280	Continued From page 3	F 280		

moves between surfaces including to or from bed/chair, wheelchair, or standing position) at a "4" indicating total dependence and required 2 plus persons for physical assistance.

Review of the Care Plan dated 9/22/16 with a goal date of September 2017, revealed, " ...Problem/Need ...ADL [Activities of Daily Living] - Resident requires assistance with and/or provision for ADL's - Dx [diagnosis] of Dementia, generalized weakness, decreased mobility. Continued review of the Care Plan Approaches (interventions) revealed, " ...assist with ADL's as needed." Continued review of the Care Plan for "Falls" revealed, " ...Risk for falls due to hx [history] of falls, generalized weakness, non-ambulatory, decreased mobility, decreased safety awareness, Dx dementia. Review of the "Approaches" (to prevent falls) revealed, " ...Assist with ADL/transfers as needed ..." Continued review of the Care Plan revealed no resident-specific guidance for transfer assistance for Resident #62.

Review of the Certified Nurse Aide (CNA) Completed Care Task documentation dated 7/28/17 and 7/29/17 revealed Resident #62 had been transferred on these dates with the assistance of two persons and the assistance of one person.

Medical record review of nurse's entry dated 7/29/17 at 12:03 PM, revealed Resident #62 "...noted to have swelling, bruising, and warmth to left lower leg mid-calf, noted tightness of muscle with palpation...new order...ultrasound of LLE [left lower extremity]..." Further review revealed Resident #62 was transferred to the hospital per family request at 1:34 PM.

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F 280	Continued From page 4	F 280		

Medical record review of the emergency department history and physical dated 7/29/17 revealed "...X-ray of left lower extremity shows comminuted fracture of the proximal tibia...severe knee osteoarthritis...no surgical interventions planned..."

Interview with the MDS Coordinator #1 on 10/3/17 at 3:40 PM, in the MDS office confirmed the MDS assessment dated 6/9/17 was coded correctly for transfer needs requiring total dependence and 2 plus persons for physical assistance. Further interview with the MDS Coordinator #1 confirmed she was responsible for the development of the Care Plans and failed to develop individualized interventions for Resident #62 to address her total dependence on 2 person assistance for transfer needs.

Interview with the Director of Nursing on 10/3/17 at 5:50 PM, in the Conference Room, confirmed the facility failed to individualize the care plan to meet the specific needs for transfer assistance for Resident #62.

F 323 SS=D FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES
CFR(s): 483.25(d)(1)(2)(n)(1)-(3)

F 323

(d) Accidents.
The facility must ensure that -

(1) The resident environment remains as free from accident hazards as is possible; and

(2) Each resident receives adequate supervision and assistance devices to prevent accidents.

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F 323	Continued From page 5 (n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. (1) Assess the resident for risk of entrapment from bed rails prior to installation. (2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. (3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility investigation, and interview the facility failed to provide adequate supervision and assistance for 1 resident (#62) of 3 residents reviewed for accidents. The findings included: Medical record review revealed Resident #62 was admitted to the facility on 11/12/12 and readmitted 7/30/17 with diagnosis including Vascular Dementia with Behavioral Disturbance, Chronic Ischemic Heart Disease, Essential Hypertension, Depressive Disorder, Other Disorder of Bone Density and Structure, unspecified, and Osteoporosis with Current Pathological Fracture. Medical record review of the quarterly Minimum Data Set (MDS), dated 6/9/17, revealed a Brief Interview of Mental Status (BIMS) of 3 (indicating severe cognitive impairment), and functional	F 323	F323 1. Resident #62 care plan was updated on return from hospital on 7/30/17 for 3 person mechanical lift with transfers by the Director of Nursing to ensure adequate assistance was provided to the resident during transfers. Education was provided to certified nursing assistants by the Staff Development Coordinator that resident #62 would be transferred with 3 person assist with mechanical lift from 7/30/17- 9/5/17. On 11/2/17 resident #62 care plan was updated for 2 person assist with mechanical lift with transfers as an individualized intervention for transfer according to the resident's Minimal Data Sheet. The Care plan was reviewed by the Director of Nursing on 12/6/17 and transfer with assist as needed was removed. 2. An audit was completed by Director of Nursing and Assistant Director of Nursing on 12/6/17-12/8/17 of current residents in the facility that are total dependent for transfers. No other residents were identified as being affected.	12/12/17

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F 323	Continued From page 6 status for transfer (how the resident moves between surfaces including to or from bed/chair, wheelchair, standing position) as a "4" indicating total dependence and requiring 2 plus persons physical assistance. Review of the Certified Nurse Aide (CNA) Completed Care Task documentation dated 7/28/17 and 7/29/17 revealed Resident #62 had been transferred on these dates with the assistance of two persons and the assistance of one person. Medical record review of the facility investigation dated 7/29/17 revealed Resident #62 sustained a left tibia/fibula fracture "...incident was noted to be of unknown origin..." Continued review revealed recommendations/corrective actions included "2 assist c [with] all transfers / mechanical lift c transfers." Medical record review dated 7/29/17 at 12:03 PM. revealed Resident #62 "...noted to have swelling, bruising, and warmth to left lower leg mid-calf, noted tightness of muscle with palpation...new order...ultrasound of LLE [left lower extremity]..." Further review revealed Resident #62 was transferred to the hospital per family request at 1:34 PM. Medical record review of the emergency department history and physical dated 7/29/17 revealed "...X-ray of left lower extremity shows comminuted fracture of the proximal tibia...severe knee osteoarthritis...no surgical interventions planned...no clear cause of the fracture..." Interview with Licensed Practical Nurse #1 on 10/3/17 at 10:36 AM, in the Conference Room;	F 323	3. Nurses and certified nursing assistance were educated from 7/29/27- 9/5/17 on transferring residents that are total dependence for transfers by the Staff Development Coordinator. Certified nursing assistants had a transferring resident competency completed by Director of Rehab, Staff Development Nurse, and Registered Nursing Supervisor from 7/29/17-9/5/17. New hire employees will be educated on transfers of residents that require total dependence by Staff Development Coordinator and have a transferring resident competency completed during orientation and upon annual anniversary. 4. Current residents totally dependent for transfers will be audited by the Director of Nursing, and the Assistant Director of Nursing, and Staff Development Coordinator, and Nursing Supervisor weekly for 4 weeks, then monthly for 2 months for 100% compliance to ensure adequate supervision and assistance in transferring is being performed. The results of the audits will be presented monthly by the Director of Nursing to the Quality Assurance/	

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F 323	Continued From page 7 confirmed CNA #1 asked her before lunch on 7/29/17 to look at Resident #62's left leg. Further interview confirmed the left leg was swollen and bruised below the knee. Interview with CNA #1 on 10/3/17 at 11:10 AM, in the Conference Room, revealed along with CNA #2, at approximately 10:30 AM on 7/29/17, transferred Resident #62 from the chair to the bed and did not notice any abnormalities of the left leg or any signs or symptoms of pain. Further interview revealed at 11:30 AM, CNA #1 checked the resident for incontinence and noticed a bruise on her left shin. Telephone interview with CNA #2 on 10/3/17 at 11:25 AM, confirmed she transferred Resident #62 on 7/29/17 before breakfast from the bed to the chair without assistance. Continued interview with CNA #2 revealed "...I know how to do it..." Further interview confirmed prior to transferring her before lunch on 7/29/17 along with CNA #1 she noticed a bruise around the calf area of the left leg. Interview with the Medical Director on 10/3/17 at 5:30 PM, in the Conference Room revealed "....the leg is not healing because of her comorbidities...dementia...she has weak bones...transfer could have been a factor..." Interview with the Director of Nurses on 10/3/17 at 5:50 PM, confirmed Resident #62 was totally dependent with 2 persons plus assist necessary for transfer at the time of the injury. Further interview confirmed Resident #62 was transferred from the bed to the chair with 1 staff member. Continued interview confirmed the facility had failed to ensure adequate supervision and	F 323	Performance Improvement Committee consisting of: Administrator, Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, Medical Director, MDS Coordinators, Admissions Director, Medical Records, Housekeeping Director, Human Resource Director, Director of Rehab, Food Services Director, and Activity Director.	

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assistance in transferring Resident #62.

F 325 SS=D MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE
CFR(s): 483.26(g)(1)(3)

(g) Assisted nutrition and hydration.
(Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-

(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;

(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.
This REQUIREMENT is not met as evidenced by:
Based on medical record review and interview, the facility failed to provide adequate nutritional interventions to aid in wound healing for 1 resident (#17) of 3 residents reviewed for pressure ulcers of 21 residents sampled.

The findings included:

Medical record review revealed Resident #17 was admitted to the facility on 4/28/17 with diagnoses including Cirrhosis of Liver, Atrial Flutter, Hypothyroidism, Morbid Obesity, Prediabetes, Chronic Pain Syndrome, Anemia, and Anxiety.

F 325 11/18/17

Protein supplement was ordered for resident #17 on 10/9/17. Care plan was updated by MDS nurse on 10/9/17. Resident #17 was evaluated for nutritional interventions to aide in the healing of wound by Registered Dietician on 10/11/17.

Current residents with wounds were audited on 10/12/17 for nutritional interventions to aid in wound healing by the dietary manager and Director of Nursing. No other residents with wounds were found to be affected.

The dietary manager was educated by the Director of Nursing on 10/9/17 to notify the Registered Dietician for a consultation on residents with new or worsening wounds for interventions to promote wound healing.

Residents with new or worsening wounds will be audited for Registered Dietician consultation and implementation of interventions to promote wound healing by Director of Nursing and or Dietary Manager weekly for 4 weeks, then monthly for 3

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Medical record review of Nutritional Risk Review and Assessment form dated 5/8/17 revealed, "...Nutritional Risk Score ...12...10 or more = [equals] High Risk...Pressure Ulcer Risk...3...3 or more = High Risk.."

Medical record review of Departmental Notes dated 8/5/17 revealed, "...dietary will observe for nutritional needs..."

Medical record review of Resident #17's Care Plan updated 8/10/17 revealed, "...Resident is at risk for poor intake..."

Medical record review of lab results obtained from the hospital dated 8/14/17 revealed, "...Total Protein [lab to measure protein in blood]...5.5...L [low]...Albumin [lab to measure albumin in blood]...2.2 L [low]..."

Medical record review of the Wound Assessment form dated 8/15/17 revealed "...pressure ulcer...right heel...new wound...unstageable...pressure ulcer...left bottom of heel...new wound...unstageable..."

Medical record review of the Pressure Ulcer Prevention Checklist dated 8/25/17 revealed, "...nutritional assessment: Dietary Consultation..."

Review of Resident #17's medical record revealed no dietary consultation after 8/5/17.

Interview with the Dietary Manager on 10/04/17 at 10:47 AM, in the Dietary office, confirmed, "...no dietary interventions had been initiated to aid in the healing of Resident #17's newly identified pressure ulcers..."

months thereafter and/or until 100% compliance, then randomly there-after. The Director of Nursing will report the results of the audits to the Quality Assurance/Performance Improvement Committee for 4 months or until substantial compliance is achieved. The Quality Assurance/ Performance Improvement Committee consists of at least the Administrator, Director of Nursing, Assistant Director of Nursing, Staff Development Coordinator, MDS Coordinators, Admissions Director, Medical Records Clerk, Wound Care Nurse, Therapy Services Director, Human Resource Manager, Business Office Manager, Housekeeping Director, Dietary Manager, Social Services Director, Activity Director, and the Medical Director.

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Interview with the Director of Nursing on 10/04/17 at 11:16 AM, confirmed the facility failed to provide the necessary dietary interventions to aid in Resident #17's pressure ulcer wound healing.